



## OFFICE OF THE CHIEF PUBLIC DEFENDER

### JUVENILE POST CONVICTION REFERRAL FORM

Name \_\_\_\_\_ DOB / / Race \_\_\_\_\_

Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Date of Commitment / / Expiration / / Date of Canvas (if different from commitment date) / /

Permanency Plan Filing date / / Permanency Plan Hearing Date / /

Dually Committed ☐ Yes ☐ No SJO ☐ Yes ☐ No

Attorney of Record \_\_\_\_\_ Contact person in Office \_\_\_\_\_

Facility \_\_\_\_\_ Parole Officer \_\_\_\_\_ Judge \_\_\_\_\_

Was client canvassed on the possibility of an extension to the commitment? ☐ Yes ☐ No

Documents included in referral: Evaluations ☐ Pre-Dispositional Study ☐ School Records ☐ Other ☐

GAL \_\_\_\_\_ Educational Surrogate \_\_\_\_\_

phone # \_\_\_\_\_ phone # \_\_\_\_\_

Committing Offenses \_\_\_\_\_ Corresponding Docket # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Special Concerns relating to client:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_